



Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



July 17, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Target, 5330 South 56<sup>th</sup> Street requesting a class D/K liquor license.

Kaleigh Chalupa has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kaleigh Chalupa was born in Hastings, Nebraska. She attended the University of Nebraska graduating in 2011.

Ms. Chalupa has been employed by Target since graduation.

The required training will be completed.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



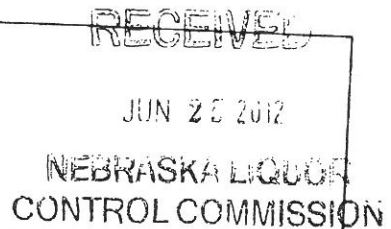
A nationally accredited law enforcement agency



8/20/12 = 45

**APPLICATION FOR LIQUOR LICENSE  
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov



**FEE \$100.00**

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER D & K

NAME OF LICENSEE STL of Nebraska, Inc.

TRADE NAME Target Store T-0879

PREMISE ADDRESS 5330 South 56th Street

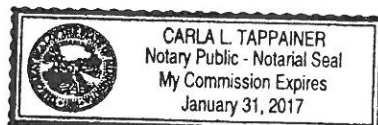
CITY/STATE/ZIP CODE Lincoln, NE 68516

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

Rachael Vegas  
Signature of Licensee

Subscribed in my presence and sworn to before me this 28 day of May, 2012

Carla L. Tappiner  
Notary Public Signature & Seal



**PREMISE INFORMATION**

Trade Name (doing business as) Target Store T-0879

Street Address #1 5330 South 56th Street

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68516

Premise Telephone number (402)423-0300

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Liquor Licensing Specialist

Street Address #1 1000 Nicollet Mall, TPN-0910

Street Address #2 \_\_\_\_\_

City Minneapolis

State MN

Zip Code 55403

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**  
**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 1163 feet approx

Width 237 feet approx

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See attached*

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CONTROL COMMISSION**

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NEBRASKA LIQUOR  
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Main  
Entrance/  
Exit

Storage/Stock

Location for  
wine & spirits  
Location for  
beverages  
(cold beer)

CELLING HEIGHT  
11'-0"  
11'-0"  
11'-0"

TARGET CORPORATION

© TARGET

Oct. 2012 - Revised  
Lincoln, NE  
T-0879  
Floor Plan  
FX1

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
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				NEBRASKA LIQUOR CONTROL COMMISSION

### 2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number \_\_\_\_\_

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

### 3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number \_\_\_\_\_

### 4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

### 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) \_\_\_\_\_

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MAIL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lic.ne.gov](http://www.lic.ne.gov)

Office Use

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CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: CT Corporation

Name of Corporation that will hold license as listed on the Articles  
STL of Nebraska, Inc.

Corporation Address: 1000 Nicollet Mall

City: Minneapolis State: MN Zip Code: 55403

Corporation Phone Number: (612)761-1015 Fax Number: (612)761-1138

Total Number of Corporation Shares Issued: 1,000 common shares

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Vegas First Name: Rachael MI: B

Home Address: 2632 Princeton Avenue City: St. Louis Park

State: MN Zip Code: 55416 Home Phone Number: (952)926-0688

Rachael Vegas

Signature of President/CEO

State of Minnesota  
~~Nebraska~~  
County of Hennepin

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

28 May 2012

by Rachael Vegas  
name of person acknowledge

Date

Carla L Tappiner

Affix Seal



CARLA L. TAPPINER  
Notary Public - Notarial Seal  
My Commission Expires  
January 31, 2017

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Johnson First Name: Patricia MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Vice President, Secretary, Treasurer Number of Shares 0

Spouse Full Name (indicate N/A if single): Kai C. Bjerkness

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Target Corporation First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares 1,000

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: Vegas First Name: Rachael MI: B

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 0

Spouse Full Name (indicate N/A if single): John D. Vegas

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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CONTROL COMMISSION



**MANAGER APPLICATION  
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

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Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

**Corporation/LLC information**

Name of Corporation/LLC: STL of Nebraska, Inc.

**Premise information**

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Target Store T-0879

Premise Street Address: 5330 South 56th Street

City: Lincoln

State: NE

Zip Code: 68516

Premise Phone Number: (402)423-0300

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

Rachael Vegas

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE  
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE

☒ FEMALE

Last Name: Chalupa

First Name: Kaleigh

MI: J

Home Address (include PO Box if applicable): 3337 Mickaela Lane

City: Lincoln

County: Lancaster

Zip Code: 68521

Home Phone Number: (402)469-9278

Business Phone Number: (402)423-0300

Social Security Number: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_

- NE

Date Of Birth: \_\_\_\_\_

Place Of Birth: Hastings, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☐ YES

☒ NO

Spouse's information

Spouses Last Name: N/A

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Place Of Birth: \_\_\_\_\_

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	2008	2012	N/A		
Hastings, NE	1989	2008			

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CONTROL COMMISSION

Form 103  
Rev 11/2012  
Page 3 of 5

### MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	Present	Target Corporation	April Anderson-Store Team Lead	(402)423-0300
2008	2009	Trinity Child Care	Deena	N/A

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☐ YES ☒ NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  
☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Target In-House required alcohol training

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**NEBRASKA** www.dmv.ne.gov  
USA NE

**OPERATOR LICENSE**

4d License No. 3 DOB 9a End NONE 12 Rest. B 4b EXP 9 Class 0 4e ISS 07-22-2011

1 KALEIGH J CHALUPA  
2 3337 MICHAELA LN  
3 LINCOLN, NE 68521

15 Sex F 16 Hgt 507  
18 Eyes BLU 17 Wgt 19 Hair

DONOR

5 - DB 0646062300000

*Kaleigh Chalupa*

# USA



UNITED STATES OF AMERICA

Type / Type / Type      Code / Código      Passport No. / No. do Passaporte / No. de Pasaporto

**P** **USA**

Surname / Name / Age / Index

# CHALUPA

Given Names / Prénoms / Nombres

**KALEIGH JEAN**

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

NEBRASKA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

~~13 Jan 2010~~

Date of expiration / Date d'expiration / Fecha de caducidad

12 Jan 2020

Endorsements / Mentions Spéciales / Anotaciones

**SEE PAGE 27**

Sex / Sexe / Sexo

F

Authority / Autorité / Autoridad

United States

Department of State

USA

[illegible]

4644488185USA

2F2001126320631976<415520

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CONTROL COMMISSION